

EXHIBIT D

PRESCRIPTION ORDER FORM

NYRX PHARMACY INC.

179-07 Union Turnpike, Fresh Meadows, NY, 11366

Tel: 718-673-7272 FAX: 718-673-7327

ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY. COPYRIGHT 2016

O.B: _____ D.O.A: _____

STATE: _____ ZIP: _____

PHONE: () _____ ALLERGIES: _____

ICD-9/BODYPARTS: _____

IBUPROFEN TABS 600 MG

SIG: _____

DISP: __30__ __60__ __90__

REFILLS: _____

NAPROXEN 550MG

SIG: _____

DISP: __30__ __60__ __90__

REFILLS: _____

LIDOCAINE 5% OINTMENT

SIG: APPLY UP TO AFFECTED AREAS TWICES A DAY

DISP: __100__ __150__ __200__ __250gr

REFILLS: _____

DICLOFENAC SODIUM 3% GEL

SIG: APPLY TO AFFECTED AREAS TWICE A DAY

DISP: __100__ __200__ __300 Grams

REFILLS: 3

DICLOFENAC SODIUM 3% GEL 100 GRAM WITH LIDOCAINE OINTMENT 5% 100 GRAM

APPLY TO AFFECTED AREAS TWICE A DAY

DISP: 200 GRAMS

REFILLS: _____

CeleBREX 200 MG Oral Capsule

SIG: _____

DISP: __30__ __60__ __90__

REFILLS: 3

NEXIUM 20MG

SIG: _____

DISP: __30__ __60__ __90__

REFILLS: _____

FLEXIRIL 10MG

SIG: _____

DISP: __30__ __60__ __90__

REFILLS: _____

BACLOFEN 10 mg

SIG: _____

DISP: __60__ __90__ __120__

REFILLS: _____

PRESCRIBER INFORMATION:

NAME: Howard I Baum
ADDRESS: 108-25 MERRICK BLVD
PHONE: (718) 658-9700 Jamaica NY 11432
NPI # 1063529287 LIC# 184624

STATEMENT OF MEDICAL NECESSITY:

SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS

PHYSICIAN SIGNATURE

Date: 12/15/19

SIG _____

DISP: __30__ __60__ __90__

REFILLS: _____